

13281
030204

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 249484US3

First Inventor or Application Identifier Haruo AKIBA

Title ANTI-TWIST CASING FOR ENDOSCOPIC MANIPULATING HEAD ASSEMBLY

PTO

USPTO

10/7/0007

030204

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

Commissioner for Patents
ADDRESS TO: Mail Stop Patent Application
Alexandria, Virginia 2231322859
10/7/0007

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing) | | |
| 2. <input checked="" type="checkbox"/> Specification | Total Sheets | 26 |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) | Total Sheets | 5 |
| 4. <input checked="" type="checkbox"/> Oath or Declaration | Total Pages | 3 |
| a. <input checked="" type="checkbox"/> Newly executed (original) | | |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed) | | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b). | | |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix) | | |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) | | |
| a. <input type="checkbox"/> Computer Readable Form (CRF) | | |
| b. Specification or Sequence Listing on : | | |
| i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or | | |
| ii. <input type="checkbox"/> Paper | | |
| c. <input type="checkbox"/> Statements verifying identity of above copies | | |

ACCOMPANYING APPLICATION PARTS

- | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | |
| 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | |
| 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement
(when there is an assignee) | <input type="checkbox"/> Power of
Attorney | |
| 10. <input type="checkbox"/> English Translation Document (if applicable) | | |
| 11. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS
Citations | |
| 12. <input type="checkbox"/> Preliminary Amendment | | |
| 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard | | |
| 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1)
(if foreign priority is claimed) | | |
| 15. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27 | | |
| 16. <input checked="" type="checkbox"/> Other: Request for Priority | | |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

 Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

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13281
S.P.T.

Docket No. 249484US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Haruo AKIBA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ANTI-TWIST CASING FOR ENDOSCOPIC MANIPULATING HEAD ASSEMBLY

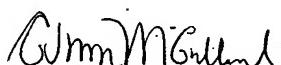
FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$770.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- A check in the amount of to cover the filing fee is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.Date: 3/2/04

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